

BIRTH NO. _____ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5595 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY JEFFERSON	
b. CITY (If outside corporate limits, write RURAL and give township) SULPHUR SPRINGS		c. CITY (If outside corporate limits, write RURAL and give township) BARN HART	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) Rural	

3. NAME OF DECEASED a. (First) T. D. MARLER (Type or Print)		b. (Middle) L.		c. (Last) MARLER		4. DATE OF DEATH (Month) (Day) (Year) APR 3 1950	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH JULY 6, 1914	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) mechanic		10b. KIND OF BUSINESS OR INDUSTRY Automobile		11. BIRTHPLACE (State or foreign country) JEFFERSON COUNTY MO		12. CITIZEN OF WHAT COUNTRY? U.S.A	

13a. FATHER'S NAME PHILIP THOMAS MARLER		13b. MOTHER'S MAIDEN NAME MINNIE DREINING		14. NAME OF HUSBAND OR WIFE Mildred Marler	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES		16. SOCIAL SECURITY NO. WORLD WAR 2 499-09-8072		17. INFORMANT'S SIGNATURE OR NAME MILDRED MARLER	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) DROWNING ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) (VERDICT OF JURY) we the jury find death due to DUE TO (c) Accidental Drowning		INTERVAL BETWEEN ONSET AND DEATH 8:00 PM 42	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 050		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg, etc.) Shays Creek		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Barnhart Jefferson MO.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) APR 4 1950		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 050	

22. I hereby certify that I attended the deceased from **August 19 4**, 19**50**, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Daniel J. Mohr		(Degree or title) Coroner		23b. ADDRESS Leptos MO.		23c. DATE SIGNED 9/4/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE APR 6, 1950		24c. NAME OF CEMETERY OR CREMATORY BURGESS CEMETERY		24d. LOCATION (City, town, or county) (State) ANTONIA MO	
DATE REC'D BY LOCAL REG. April 5-1950		REGISTRAR'S SIGNATURE Miss Ruth Jones		25. FUNERAL DIRECTOR'S SIGNATURE HEILIGTAG FUNERAL HOME		ADDRESS KIMMSWICK MO	

SEP 15 1950

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
4-10-50
DATE RECEIVED

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Elmer H. Hultag*

Licensed Embalmer No. *2571*

P. O. Address *Himmelsich*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.